

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155218</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/28/2010</b>	
NAME OF PROVIDER OR SUPPLIER  <b>KINDRED TRANSITIONAL CARE AND REHABILITATION-DYER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2300 GREAT LAKES DR</b> <b>DYER, IN 46311</b>			
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F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint number IN00083771.</p> <p>Complaint number IN00083771 substantiated, federal/state deficiencies related to the allegations are cited at F282 and F315.</p> <p>Survey dates: December 27 and 28, 2010</p> <p>Facility number: 000123 Provider number: 155218 Aim number: 100266720</p> <p>Survey team: Kathleen (Kitty) Vargas RN, TC Kelly Sizemore, RN</p> <p>Census bed type: SNF/NF: 141 Total: 141</p> <p>Census payor type: Medicare: 27 Medicaid: 92 Other:22 Total: 141</p> <p>Sample: 7</p> <p>This deficiency also reflects state findings in accordance with 410 IAC 16.2.</p> <p>Quality review completed 12-30-10 Cathy Emswiller RN</p>			F 000			
F 282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</p>			F 282			5/11/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 282	<p>Continued From page 1</p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to ensure laboratory tests were obtained as ordered by the physician, related to obtaining a urinalysis and urine culture for 1 of 3 residents with urinary tract infections reviewed for following physician orders in a sample of 7. (Resident # C)</p> <p>Findings include:</p> <p>The closed record for Resident # C was reviewed on 12/27/10 at 12:20 p.m. The resident had diagnoses that included, but were not limited to, diabetes, hemiplegia and stroke.</p> <p>The physician's orders were reviewed. There was an order dated 10/19/10 that indicated, "Obtain U/A (urinalysis) and C &amp; S (culture and sensitivity) on 10/21/10." Review of the laboratory tests indicated the urinalysis and urine culture and sensitivity were not obtained as ordered.</p> <p>Interview with the East Unit Nurse Manager on 12/28/10 at 11:45 a.m. indicated the urinalysis and urine culture that were ordered on 10/19/10 to be obtained on 10/21/10 were not obtained as ordered.</p> <p>This federal tag relates to complaint number IN00083771.</p>			F 282			

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F 282	Continued From page 2			F 282			
F 315 SS=D	<p>3.1-35(g)(2) 483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to provide appropriate antibiotic treatment and laboratory testing for 1 of 3 residents with urinary tract infections in a sample of 7. (Resident # C)</p> <p>Findings include:</p> <p>The closed record for Resident # C was reviewed on 12/27/10 at 12:20 p.m. The resident had diagnoses that included, but were not limited to, diabetes, hemiplegia and stroke.</p> <p>Review of the laboratory tests indicated the resident had a CBC (complete blood count) obtained on 10/11/10. The resident's WBC (white blood count) was 13.2. The normal range is 4.8 - 10.8, an elevated WBC is indicative of an infection. The nurse practitioner was notified of</p>			F 315			4/11/11

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F 315	<p>Continued From page 3</p> <p>the CBC results on 10/11/10. On 10/12/10 the nurse practitioner ordered that a urinalysis and a urine culture be obtained on 10/13/10.</p> <p>The urine culture was obtained on 10/13/10. The results of the urinalysis indicated moderate bacteria, large amount of leukocytes (a type of blood cell that increases during infection) and 10 - 25 WBC (the normal WBC count in urine is none - 5). The nurse practitioner was notified on 10/14/10 and ordered Bactrim SS (an antibiotic) twice daily for 7 days.</p> <p>The results of the urine culture and sensitivity, dated 10/16/10, indicated there were greater than 100,000 colonies of Morganella morganii (a type of bacteria) and greater than 100,000 colonies of Enterococcus faecalis (a type of bacteria). The sensitivity results indicated the bacteria, Morganella morganii was resistant to the antibiotic, Bactrim. The nurse practitioner was notified of the results of the urine culture and sensitivity on 10/17/10. The nurse practitioner ordered the antibiotic, Bactrim, to be discontinued. The Medication Record indicated the resident received two doses of Bactrim on 10/15/10 &amp; 10/16/10 and she received one dose of Bactrim on 10/17/10.</p> <p>The nurse practitioner visited the resident on 10/18/10. The progress note written by the nurse practitioner on 10/18/10 indicated, "Labs: urinalysis WBC 10-25, bacteria moderate, large leukocytes. Culture and sensitivity Enterococcus faecalis and Morganella morganii. Impression: UTI (urinary tract infection). Plan: D/C (discontinue) Bactrim will consult ID (infectious disease) for ABT (antibiotics)."</p>			F 315			

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F 315	<p>Continued From page 4</p> <p>On 10/19/10 another nurse practitioner visited the resident. The progress noted dated 10/19/10, written by the nurse practitioner indicated the resident's urine culture had greater than 100,000 colonies of <i>Morganella morganii</i> and <i>Enterococcus faecalis</i>. She indicated her plan was "D/W (discuss with) Dr. (doctor's name) from ID (infectious disease). Awaiting recommendations for tx (treatment)."</p> <p>Review of the clinical record indicated there were no orders for antibiotic treatment after the Bactrim was discontinued. The progress notes written by the nurse practitioner and dated 10/25/10, 10/26/10, and 10/27/10 were reviewed. There was no indication that recommendations were obtained from the infectious disease doctor related to the the treatment of the resident's urinary tract infection. There was no indication that attempts were made by the nurse practitioner to contact the infectious disease physician for recommendations for treatment of the resident's urinary tract infection. The progress note dated 10/26/10 written by the nurse practitioner indicated the resident's urine was clear yellow.</p> <p>The "Resident Progress Notes" dated 10/18/10 through 11/9/10 were reviewed. There were no attempts to contact the infectious disease physician for recommendations for the treatment of the resident's urinary tract infection.</p> <p>On 10/19/10 orders were received to obtain a urinalysis and urine culture and sensitivity on 10/21/10. Review of the laboratory tests indicated the urinalysis and urine culture and sensitivity were not obtained as ordered.</p>			F 315			

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F 315	<p>Continued From page 5</p> <p>The entry dated 11/9/10 at 9:00 a.m. in the "Resident Progress Notes" indicate, "Pt. (patient) lethargic, VS (vital signs) 98.8, (temperature) 114 P (pulse) -18 (respirations) 116/73 (blood pressure) Sinus tach (tachycardia - fast heart rate). skin) W/D (warm and dry) poor turgor, UA (urinalysis) sent for C &amp; S (culture and sensitivity) milk white, NP (nurse practitioner) on unit agree to transfer to hosp (hospital)."</p> <p>The progress noted written by the nurse practitioner on 11/9/10 indicated, "Pt noted to be lethargic in dining room while up in w/c (wheelchair). Pt returned to bed via Hoyer lift. Lethargic but responsive. Urine per Foley milky white/cloudy. Family contacted per nursing - ok to send pt to ER (emergency room) for eval (evaluation)."</p> <p>The entry dated 11/9/10 at 2 p.m. in the "Resident Progress Notes" indicated, "Writer called (name of hospital) ER, MD stated resident admitting diagnoses is UTI with urosepsis (septic poisoning from retained and absorbed urinary substances)."</p> <p>A urine culture and a blood culture were obtained on 11/9/10 at the hospital ER. The results of the urine culture and the blood culture completed in the hospital were faxed to the facility on 12/28/10 at 4:12 p.m. The urine culture indicated there were greater than 100,000 colonies of Proteus mirabilis (a type of bacteria). The blood culture indicated Proteus mirabilis was also present in the blood.</p> <p>Interview with the East Unit Nurse Manager on 12/28/10 at 11:45 a.m. indicated the resident did</p>			F 315			

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F 315	<p>Continued From page 6</p> <p>have a urinary tract infection on 10/13/10. She also indicated the resident was treated with Bactrim for only three days and the nurse practitioner discontinued the medication. She indicated the nurse practitioner was waiting for the recommendations of the infectious disease doctor to provide appropriate treatment for the urinary tract infection. The nurse manager indicated there were no recommendations from the infectious disease doctor for further treatment of the resident's urinary tract infection. The East Unit Nurse Manager also indicated the urinalysis and urine culture that were ordered on 10/19/10 to be obtained on 10/21/10 were not obtained as ordered.</p> <p>Interview with the West Unit Nurse Manager on 12/28/10 at 4:15 p.m. indicated the resident's blood culture and urine culture obtained on admission to the hospital on 11/9/10, indicated the resident had a urinary tract infection and urosepsis.</p> <p>This federal tag relates to complaint number IN00083771.</p> <p>3.1-41(a)(2)</p>			F 315			